

**Nevada Division of Insurance  
Network Adequacy Declaration Document  
Plan Year 2017**

1. Carrier affirms that it will comply with Nevada’s Network Adequacy laws and regulations.

*If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

Yes     No

2. Carrier affirms that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay. This includes providers that specialize in mental health and substance abuse services for all plans except dental plans.

*If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

Yes     No

3. Carrier affirms that network data provided is representative of signed contracts in place, and that all data submitted is accurate and current as of the date of filing.

*If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

Yes     No

4. Carrier affirms that it will maintain current directory links (i.e. provider and drug formulary) and inform the Division of any changes in the URL within 72 hours.

*If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

Yes     No

5. Please provide a list of Telehealth services.

6. Please provide a list of autism behavior interventionists (as defined in AB 6) for each Network ID defined within the CMS Network ID Template.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title/Position